

Foster Family Home - Corrective Action Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-3

73-1094 Kaiminani Drive

Reviewer:

Kailua-Kona HI 96740

Begin Date: 9/29/2016

End Date:

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no Plan of Correction due to CTA. Home will be recertified for two years for three clients.



Compliance Manager

NILDA G. WHITING

Primary Care Giver

Nilda G. Whiting

Date

9/30/2016

Date